

MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)

SERIAL NO.
04/376,654

FILING DATE
8-18-49

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	/		/			
2		/				
3		/				
4		/				
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47						
48						
49						
50						
TOTAL IND.	5					
TOTAL DEP.	21					
TOTAL CLAIMS	26					

*	IND.	DEP.	*	IND.	DEP.	*	IND.	DEP.
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52								
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TOTAL IND.								
TOTAL DEP.								
TOTAL CLAIMS								